



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
INVITATION FOR BID

IFB NO. HB1519C

TITLE: Missouri Preschool Project

ISSUE DATE: March 31, 2004

CONTACT PERSON: Carol Rackers

PHONE NUMBER: 573-751-4463

RETURN APPLICATION NO LATER THAN: 3:00 p.m. on May 17, 2004

RETURN APPLICATION TO:

MAILING ADDRESS

Department of Elementary and
Secondary Education
Procurement Section
PO Box 480
Jefferson City, MO 65102-0480

DELIVERY ADDRESS

Department of Elementary and
Secondary Education
Procurement Section
Jefferson State Office Bldg., 3rd Floor
205 Jefferson Street
Jefferson City, MO 65101

** PRINT OR TYPE IFB NUMBER (HB1519C) AND RETURN DUE DATE ON THE LOWER LEFT HAND CORNER OF THE ENVELOPE OR PACKAGE.

CONTRACT PERIOD: Date of Award to June 30, 2005

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

Department of Elementary and Secondary Education
Procurement Section
205 Jefferson Street, P.O. Box 480
Jefferson City, MO 65102

The contractor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation for Bid. The contractor further agrees that the language of this IFB shall govern in the event of a conflict with his/her proposal. The contractor further agrees that upon receipt of an authorized purchase order from the DESE or when this IFB is countersigned by an authorized official of the State of Missouri, a binding contract shall exist between the contractor and the DESE.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
COMPANY NAME		FEDERAL EMPLOYER ID NO.
MAILING ADDRESS		
CITY, STATE, ZIP		
VENDOR NO. (IF KNOWN)		
PHONE NO.	FAX NO.	E-MAIL ADDRESS

NOTICE OF AWARD (STATE USE ONLY)

ACCEPTED BY STATE OF MISSOURI AS FOLLOWS:	
TITLE Commissioner of Education	DATE
CONTRACT AMOUNT NOT TO EXCEED: \$ _____	



MISSOURI PRESCHOOL PROJECT (MPP) CONTINUATION APPLICATION NEW AND EXPANSION PROGRAMS

THIS APPLICATION IS TO BE COMPLETED, SIGNED AND RETURNED NO LATER THAN MAY 17.

FOR DESE USE ONLY	DATE PROJECT APPROVED	PREVIOUS OPERATIONAL FUNDS AWARDED	NEW OPERATIONAL FUNDS AWARDED	SIGNATURE OF AUTHORIZED DESE OFFICIAL
		\$ _____	\$ _____	

SECTION I PROJECT INFORMATION

LEAD AGENCY		SCHOOL DISTRICT COUNTY/DISTRICT CODE _____ - _____		LEAD AGENCY EIN
PLEASE CHECK ONE <input type="checkbox"/> PUBLIC SCHOOL <input type="checkbox"/> HEAD START <input type="checkbox"/> PRIVATE PRESCHOOL <input type="checkbox"/> NON-PROFIT AGENCY				
AUTHORIZED REPRESENTATIVE		STREET ADDRESS		
CITY	STATE MO	ZIP	TELEPHONE NUMBER	
CONTACT PERSON'S NAME		TITLE		EMAIL ADDRESS
ORGANIZATION-ENTITY (I.E., YMCA, SCHOOL DISTRICT)		STREET ADDRESS		
CITY	STATE MO	ZIP	TELEPHONE NUMBER	
INDICATE YEAR OF CONTINUATION (CHECK ONE) <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year <input type="checkbox"/> 5 th Year <input type="checkbox"/> 6 th Year		OPERATIONAL FUNDS REQUESTED \$ _____		FUNDING CATERGORY (PLEASE CHECK ONE) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

SECTION II STATEMENT OF ASSURANCES

The applicant hereby assures the Department of Elementary and Secondary Education that:

- The lead agency will maintain such records and provide such information as may be necessary for fiscal and program auditing and will provide the Department any information it may need to carry out its responsibilities under the IFB. If applicable, partner agencies or contractual service providers will provide this information to the lead agency.
- The lead agency will comply with state guidelines for this IFB.
- The lead agency will use funds received under this IFB only to supplement the level of funds that in absence of this IFB would have been available from other sources and not to supplant such funds.
- The lead agency shall offer preschool services for no less than three (3) years from the date of contract award.
- Failure to meet the requirements set forth by this IFB will forfeit eligibility to receive the IFB award.

The lead agency, through its authorized representative, fully understands the Assurances and the responsibility for compliance placed upon the organization by the Assurances. The organization will refund directly to the Department any unused or misused funds. Any significant revision of the approved application will be requested in writing by the contractor prior to the implementation of the change.

SIGNATURE (AUTHORIZED REPRESENTATIVE)	PRINT NAME	TITLE	DATE
SIGNATURE (CONTACT PERSON)	PRINT NAME	TITLE	DATE
SIGNATURE (PARTNER SERVICE PROVIDER) – SITE 1	PRINT NAME	TITLE	DATE
SIGNATURE (PARTNER SERVICE PROVIDER) – SITE 2	PRINT NAME	TITLE	DATE

If applicable, attach a copy of the Letter of Agreement or contract between the district and partner agency (Head Start, YMCA, etc.) or contractual service provider.

INSERT LETTER OF AGREEMENT HERE

SECTION III BUDGET INFORMATION – CONTINUATION YEAR

LEAD AGENCY

COUNTY/DISTRICT CODE OR EIN

Instructions: All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. Include only costs related to the amount requested. List budget amounts for each site, as well as the Total Budget requested for this year.

	SITE 1 (A. OPERATIONAL)	SITE 2 (B. OPERATIONAL)	10% COMMUNITY SET ASIDE (C.)	TOTAL BUDGET (TOTAL OF COLUMNS A, B, & C)
A. SALARIES				
B. EMPLOYEE BENEFITS				
C. PURCHASE SERVICES				
D. MATERIALS AND SUPPLIES				
E. CAPITAL OUTLAY				
F. ADMINISTRATIVE COSTS (NOT TO EXCEED 5%)				
TOTAL REQUESTED				

*DESE reserves the right to reduce the budget based on program plan and/or funds available.

An Itemized Listing of Expenditures will be requested at a later date.

FOR DESE USE ONLY**OPERATIONAL FUNDS**

Funds Requested _____

Funds Approved _____

Date Approved ____/____/____

DESE Staff Initials _____

10% FUNDS

Date Approved ____/____/____

DESE Staff Initials _____

BUDGET COMMENTS:

SECTION IV – MPP SITE INFORMATION

SITE # <input type="checkbox"/> 1 <input type="checkbox"/> 2	CLASSROOM <input type="checkbox"/> A <input type="checkbox"/> B	ONLY SCHOOL DISTRICTS SHOULD RESPOND. (MARK ALL THAT APPLY) CLASSROOM IS FUNDED WITH: <input type="checkbox"/> MPP FUNDS <input type="checkbox"/> TITLE 1 FUNDS <input type="checkbox"/> SPECIAL ED. FUNDS			
REFER TO CHILD CARE LICENSE FOR THIS INFORMATION CHILD CARE LICENSE NUMBER _____ LICENSE IS EFFECTIVE THROUGH _____		ACCREDITING SOURCE (ATTACHMENT B) <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NAEYC ACCREDITATION			
PROGRAM NAME _____					
STREET ADDRESS _____		CITY _____		STATE _____	ZIP _____

CHILD DATA
(INCLUDE ONLY THOSE CHILDREN SERVED THROUGH MPP FUNDS)

	TOTAL NUMBER OF MPP CHILDREN	TOTAL NUMBER OF LOW INCOME	TOTAL NUMBER OF SPECIAL NEEDS	LENGTH OF DAY	LENGTH OF PROGRAM YEAR
1A. NUMBER OF MPP CHILDREN WHO WILL BE 3 YEARS OLD BEFORE AUG. 2004.				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> FULL DAY	<input type="checkbox"/> 12 MONTHS <input type="checkbox"/> LESS THAN 12 MONTHS
1B. NUMBER OF MPP CHILDREN WHO WILL BE 4 YEARS OLD BEFORE AUG. 2004.				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> FULL DAY	<input type="checkbox"/> 12 MONTH <input type="checkbox"/> LESS THAN 12 MONTHS

TEACHER AND TEACHER ASSISTANT DATA
(PLEASE SEE GUIDELINES FOR EXPLANATION OF ABBREVIATIONS)

1C. NAME OF LEAD TEACHER	SALARY OF THE LEAD TEACHER IS FUNDED <input type="checkbox"/> FULLY WITH MPP <input type="checkbox"/> PARTIALLY WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP
TEACHER QUALIFICATIONS: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PUBLIC SCHOOLS <input type="checkbox"/> EC <input type="checkbox"/> ECSE <input type="checkbox"/> 4CD </div> <div style="width: 45%;"> OTHER THAN PUBLIC SCHOOLS <input type="checkbox"/> CDA <input type="checkbox"/> PCD <input type="checkbox"/> ACC </div> </div>	
REQUIRED TRAINING: (PLEASE RESPOND TO ALL ITEMS) COMPLETED CURRICULUM <input type="checkbox"/> HIGH SCOPE <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> PROJECT CONSTRUCT COMPLETED THE OBSERVATIONAL ASSESSMENT TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
1D. NAME OF TEACHER ASSISTANT	SALARY OF THE TEACHER ASSISTANT IS FUNDED <input type="checkbox"/> FULLY WITH MPP <input type="checkbox"/> PARTIALLY WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP
Teacher Assistant Qualifications: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PUBLIC SCHOOLS <input type="checkbox"/> HSV <input type="checkbox"/> CDA <input type="checkbox"/> PCD <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS </div> <div style="width: 45%;"> OTHER THAN PUBLIC SCHOOLS <input type="checkbox"/> 2 YEARS </div> </div>	
REQUIRED TRAINING: (PLEASE RESPOND TO ALL ITEMS) COMPLETED CURRICULUM <input type="checkbox"/> HIGH SCOPE <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> PROJECT CONSTRUCT COMPLETED THE OBSERVATIONAL ASSESSMENT TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**INSERT ACCREDITATION CERTIFICATE
OR EXTENSION LETTER HERE**

SECTION V PROJECT IMPLEMENTATION DESCRIPTION FOR THE CONTINUATION YEAR.

PROVIDE A NARRATIVE DESCRIPTION OF THE MPP PROGRAM FOR **THIS YEAR** INCLUDING CHANGES RESULTING FROM THE **PREVIOUS YEARS** EVALUATION. INCLUDE INFORMATION ON WHO WAS INVOLVED IN PLANNING FOR **THIS YEAR**.

SECTION VI CONTINUATION PLAN – MUST COMPLETE EACH PLAN.

PARENT ADVISORY COMMITTEE

MUST INCLUDE: ROLE OF MEMBERS, SELECTION PROCESS, REPLACEMENT PROCEDURE, NUMBER OF MEMBERS, AND FREQUENCY OF MEETINGS.

FUNDING PLAN

MUST INCLUDE: OTHER SOURCES OF FUNDING, PARENTAL FEES, AND SLIDING FEE SCALE.

CHILD DEVELOPMENT, EDUCATION AND CARE PLAN

MUST INCLUDE: RESEARCHED BASED CURRICULUM, DEVELOPMENTALLY APPROPRIATE ENVIRONMENT, DAILY SCHEDULE (**ATTACHMENT C**), FLOOR PLAN (**ATTACHMENT D**), PROGRAM GROWTH, TRANSITION FROM PRESCHOOL TO KINDERGARTEN, I.E. ORIENTATION ACTIVITIES, HOME VISITS, ETC.; COMMUNITY LINKAGES AND RESOURCES, I.E., PUBLIC LIBRARY, POLICE DEPARTMENT, ETC.

PROFESSIONAL DEVELOPMENT PLAN

MUST SHOW EVIDENCE OF CONTINUOUS PROFESSIONAL DEVELOPMENT ASSOCIATED WITH THE SELECTED CURRICULUM MODEL. INCLUDE: ALL TRAINING REQUIRED BY DESE SUCH AS MOVING ON TOGETHER, ACTIVITIES THAT WILL SUPPORT THE CURRICULUM SUCH AS EDUCATIONAL COURSES, TRAINING, WORKSHOPS, CONFERENCES, CONSULTANTS, AND EXPLAIN HOW PROFESSIONAL DEVELOPMENT IS ONGOING.

INSERT DAILY SCHEDULE HERE

INSERT FLOOR PLAN HERE

PARENT EDUCATION/INVOLVEMENT/COMMUNICATION

MUST INCLUDE: PARENT EDUCATION SUCH AS COLLABORATION WITH PAT; INVOLVEMENT SUCH AS CLASSROOM VOLUNTEERS, ADVISORY COMMITTEE, ETC.; COMMUNICATION SUCH AS NEWSLETTERS, PARENT MEETINGS, PARENT-TEACHER CONFERENCES, ETC.

10% COMMUNITY SET ASIDE

☐ REQUEST A WAIVER. ONLY COMMUNITIES THAT HAVE **NO** LICENSED CHILD CARE PROGRAMS ACCORDING TO THE DEPARTMENT OF HEALTH AND SENIOR SERVICES MAY REQUEST A WAIVER. IF REQUESTING A WAIVER, IT IS NOT NECESSARY TO COMPLETE THIS SECTION.

COMMUNITIES WITH ONE OR MORE LICENSED PROGRAMS MUST IMPLEMENT ONE OF THE FOLLOWING:

- 1. ASSIST CENTERS IN ACHIEVING ACCREDITATION BY PAYING FEES,
- 2. PROVIDE ONGOING PROFESSIONAL DEVELOPMENT,
- 3. PAY FOR REGISTRATION TO ATTEND ONE OF THE THREE RESEARCHED BASED CURRICULUMS,

EXPLAIN HOW THE FUNDS WILL BE USED AND HOW THE DECISIONS WERE DETERMINED. (SURVEY, MEETINGS, ETC.)